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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small>	<small>FILING DATE</small>	
CLAIMS							<small>APPLICANT(S)</small>		
101							09/905722		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51		
2							52		
3							53		
4							54		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	99						TOTAL DEP.		
TOTAL CLAIMS	103						TOTAL CLAIMS		

BEST AVAILABLE COPY

103
P03
4